

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06160

(8)

1. Corporation Name

CHILDREN'S ALLIANCE, INC.



Principal Place of Business

Mailing Address

3615 CENTRAL AVE. STE 1
FT. MYERS FL 33901
US

3615 CENTRAL AVE. STE 1
FT. MYERS FL 33901
US

3. Date Incorporated or Qualified
11/14/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3900 BROADWAY

26 3900 BROADWAY

22 Suite, Apt. #, etc.
Bldg. B, SUITE 1

27 Suite, Apt. #, etc.
Bldg. B, SUITE 1

23 City & State
FT. MYERS

28 City & State
FT. MYERS

24 Zip
33901

29 Zip
33901

25 Country
LEE

30 Country
LEE

4. FEI Number
59-2474387

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURNER, JILL
3615 CENTRAL AVENUE
SUITE 1
FT. MYERS FL 33901

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

3900 Broadway, Suite 1

83

84 City

FT Myers

FL

85 Zip Code

33901

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD KOEHLER, JOHN
STREET ADDRESS
1620 MEDICAL LN
CITY-ST-ZIP
FT. MYERS FL

TITLE ☐ DELETE

NAME
VP SEALS, DIANN
STREET ADDRESS
3615 CENTRAL AVENUE
CITY-ST-ZIP
FT. MYERS FL

TITLE ☐ DELETE

NAME
TD PAUL, ELIZABETH
STREET ADDRESS
3615 CENTRAL AVENUE
CITY-ST-ZIP
FT. MYERS FL

TITLE ☐ DELETE

NAME
SD KERNS, ANN
STREET ADDRESS
3625 CENTRAL AVENUE
CITY-ST-ZIP
FT. MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300001921389

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8/13/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)